

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/74 8789	FILING DATE 12-22-00
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1							51	
2		1					52	
3		1					53	
4							54	
5							55	
6		1					56	
7		1					57	
8		1					58	
9		2					59	
10		2					60	
11		2					61	
12		2					62	
13		1					63	
14		1					64	
15		1					65	
16		1					66	
17		1					67	
18		1					68	
19		1					69	
20							70	
21		1					71	
22		1					72	
23		1					73	
24		1					74	
25		1					75	
26							76	
27		1					77	
28							78	
29		2					79	
30							80	
31		2					81	
32		2					82	
33							83	
34		1					84	
35		1					85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	8						TOTAL IND.	
TOTAL DEP.	32						TOTAL DEP.	
TOTAL CLAIMS	40						TOTAL CLAIMS	